NATIONAL HOSPITAL DISCHARGE SURVEY

2001

PUBLIC USE DATA FILE DOCUMENTATION

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Abstract

This document provides information for users of the National Hospital Discharge Survey (NHDS) Public Use Data File for 2001. The NHDS is conducted annually by the National Center for Health Statistics (NCHS) and is a principal source of information on inpatient hospital utilization in the United States.

Section I describes the survey and includes information on the history and scope of the NHDS; the methodology, including data collection and medical coding procedures; population estimates; measurement errors and sampling errors.

Section II provides technical details about the file.

Section III provides a detailed description of the contents of each data record.

Appendix A defines certain terms used in this document; *Appendix B* lists the ICD-9-CM Addenda; *Appendix C* provides population estimates to allow for the calculation of rates; *Appendix D* provides unweighted and weighted frequencies for selected variables; and *Appendix E* includes a copy of the NHDS Medical Abstract Form.

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February 2003

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I. DESCRIPTION OF THE NATIONAL HOSPITAL DISCHARGE SURVEY

Introduction. This document and its appendices contain information for users of the 2001 National Hospital Discharge Survey (NHDS) public use data file. Conducted annually by the National Center for Health Statistics, NHDS collects medical and demographic information from a sample of discharge records selected from a national sample of non-Federal, short-stay hospitals. The data serve as a basis for calculating statistics on hospital inpatient utilization in the United States. For a brief description of the survey design and data collection procedures, see below. For a more detailed description of the survey design, data collection procedures, and the estimation process, see Reference 1. Publications based on the data for each survey year can be obtained from the NCHS website at: http://www.cdc.gov/nchs/about/major/hdasd/listpubs.htm .

History. To provide more complete and precise information on the utilization of the Nation's hospitals and on the nature and treatment of illness among the hospitalized population, in 1962 the NCHS began exploring possibilities for surveying morbidity in hospitals. A national advisory group was established. The NCHS conducted planning discussions with other officials of the Public Health Service. Hospitalization material from the Survey Research Center of the University of Michigan, the American Hospital Association, and the Professional Activities Study was examined and evaluated. In 1963, a study by the School of Public Health of the University of Pittsburgh under contract to the NCHS demonstrated the feasibility of an NHDS type of program. An additional pilot study using enumerators from the Bureau of the Census was conducted in late 1964 and confirmed the University of Pittsburgh's findings.

Finally, with advice and support from the American Hospital Association, the American Medical Association, individual experts, other professional groups, and officials of the U.S. Public Health Service, the NCHS initiated the National Hospital Discharge Survey in 1964.

SURVEY METHODOLOGY

Source of the Data. The National Hospital Discharge Survey (NHDS) covers discharges from noninstitutional hospitals, exclusive of Federal, military, and Veterans Administration hospitals, located in the 50 States and the District of Columbia. Only short-stay hospitals (hospitals with an average length of stay for all patients of less than 30 days) or those whose specialty is general (medical or surgical) or children's general are included in the survey. These hospitals must also have six or more beds staffed for patient use. These criteria, used from 1988 through the current survey year, differ slightly from those used prior to 1988.

Beginning in 1988, the NHDS sampling frame consisted of hospitals that were listed in the April 1987 SMG Hospital Market Data File (2), met the above criteria, and began accepting patients by August 1987. The hospital sample was updated in 1991, 1994, 1997, and 2000 to allow for hospitals that opened later or changed their eligibility status since the previous sample update. In 2001, the sample consisted of 504 hospitals. Of the 504 hospitals, 27 were found to be out-of-scope (ineligible) because they went out of business or otherwise failed to meet the criteria for the NHDS universe. Of the 477 in-scope (eligible) hospitals, 448 hospitals responded to the survey.

Sample design and data collection. The NCHS has conducted the NHDS continuously since 1965. The original sample was selected in 1964 from a frame of short-stay hospitals listed in the National Master Facility Inventory (NMFI). That sample was updated periodically with samples of hospitals that opened later. Sample hospitals were selected with probabilities ranging from certainty for the largest hospitals to 1 in 40 for the smallest hospitals. Within each sampled hospital, a systematic random sample of discharges was selected. A report on the design and development of the original NHDS has been published (3).

In 1988, the NHDS was redesigned to provide geographic sampling comparability with other surveys conducted by the NCHS; to update the sample of hospitals selected into the survey; and to maximize

the use of data collected through automated systems. As did the original design, the redesigned NHDS sample included with certainty the largest hospitals. The remaining sample of hospitals was based on a stratified, three-stage design. The first stage consisted of selecting 112 primary sampling units (PSU's) that comprised a probability subsample of PSU's used in the 1985-94 National Health Interview Survey. The second stage consisted of selecting non-certainty hospitals from the sampled PSU's. At the third stage a sample of discharges was selected by a systematic random sampling technique.

These changes in the survey may affect trend data. That is, some of the differences between NHDS statistics based on the 1965-87 sample and statistics based on the sample drawn for the new design may be due to sampling error rather than actual changes in hospital utilization.

Two data collection procedures were used for the survey. The first was a manual system of sample selection and data abstraction, used for approximately 59 percent of the responding hospitals.   The second was an automated method, used for approximately 41 percent of the responding hospitals. The automated method involved the purchase of computerized data files from abstracting service organizations, state data systems, or from the hospitals themselves.

In the manual system, the sample selection and the transcription of information from the hospital records to abstract forms were performed at the hospitals. Of the hospitals using this system in 2001, about 28 percent had the work performed by their own medical records staff. In the remaining hospitals using the manual system, personnel of the U.S. Bureau of the Census did the work on behalf of NCHS. The completed forms, along with sample selection control sheets, were forwarded to NCHS for coding, editing, and weighting.

For the automated system, NCHS purchased files containing machine-readable medical record data from which records were systematically sampled by NCHS.

The Medical Abstract Form (Appendix E) and the automated data contain items relating to the personal characteristics of the patient, including birth date or age, sex, race, and marital status, but not name and address; administrative information, including admission and discharge dates, discharge status, and medical record number; and medical information, including diagnoses and surgical and nonsurgical procedures. Since 1977, patient zip code, expected source of payment, and dates of surgery have also been collected. (The medical record number, date of birth, and patient zip code are confidential information and are not available to the public). For the 2001 survey year, two additional items were included in the medical abstract form: Type of Admission and Source of Admission. The coding of these variables can be found in section III of this document which describes the record layout.

Medical Coding and Edits. The medical information that was recorded manually on the sample patient abstracts was coded centrally by NCHS staff. A maximum of seven diagnostic codes was assigned for each sample abstract. In addition, if the medical information included surgical or nonsurgical procedures, a maximum of four codes for these procedures was assigned. The system currently used for coding the diagnoses and procedures on the medical abstract forms as well as on the commercial abstracting services data files is the *International Classification of Diseases, 9th Revision, Clinical Modification,* or ICD-9-CM (4).

NHDS usually presents diagnoses and procedures in the order they are listed on the abstract form or obtained from abstract services; however, there are exceptions. For women discharged after a delivery, a code of V27 from the supplemental classification is entered as the first-listed code, with a code designating either normal or abnormal delivery in the second-listed position. In another exception, a decision was made to reorder some acute myocardial infarction diagnoses. If an acute myocardial infarction is listed with other circulatory diagnoses and is other than the first entry, it is reordered to first position. If a symptom appears as a first-listed code and a diagnosis appears as a secondary code, the diagnosis replaces the symptom which is moved back.

Following conversion of the data on the medical abstract to a computer file and combining it with the

automated data files, a final medical edit was accomplished by computer inspection and by a manual review of rejected records. Priority was given to medical information in the editing decision.

A new edit program was developed for the NHDS and was implemented beginning in the 1996 data year. The updated edit program, while following the same general specifications as the previous edit program, was designed to make as few changes as possible in the data. Thus, there may be some minor anomalies in certain areas which would be apparent when examining data over time, performing trend analyses, or examining combinations of variables. Particular features of the new edit program which may affect certain variables are:

< An improved imputation procedure for missing **age** and **sex** data was developed, which maintains the known distribution of these variables, according to categories of the First-Listed Diagnosis.
< There is no longer a re-ordering of the **procedure codes**. However, if the length of stay is missing for a discharge, it is imputed based on the first-listed procedure.
< Principal and additional **expected sources of payment** are no longer re-ordered, with one exception: *Self-Pay* is listed as the principal source only if there are no other sources, or the only other source is *Not Stated*; otherwise it must be listed after every other source (except *Not Stated*).
< An arbitrary **month of admission** is no longer assigned to records received from abstract services which do not provide the exact date of admission and discharge.

Users of the National Hospital Discharge Survey (NHDS) diagnostic and/or procedure data, which is coded to the ICD-9-CM, must take into account the
annual ICD-9-CM addendum. The addendum lists new codes, new fourth or fifth digits to existing codes, as well as other modifications. Changes go into effect October 1 of the calendar year. Coding of the 2001 data is consistent with the ICD-9-CM and the addendum which became effective October 1, 2000. Addendum changes for 1986 through 2000 are listed in Appendix B. For more information about the ICD-9-CM visit: http://www.cdc.gov/nchs/icd9.htm .

The Uniform Hospital Discharge Data Set (UHDDS). Starting with 1979 data, the NHDS has followed guidelines of the Uniform Hospital Discharge Data Set (UHDDS) within the confines of its contractual agreement with participating hospitals. The UHDDS is a minimum data set of items uniformly defined (4). These items were selected on the basis of their usefulness to a broad range of organizations and agencies requiring hospital information, uniformity of definition, and general availability from medical records and abstract services.

Population Estimates. Appendix C provides estimates of the civilian population of the United Stated as of July 1, 2001. These estimates were provided by the U.S. Bureau of the Census, and are based on the 2000 Census.

Confidentiality. Persons using the public use file agree to abide by the confidentiality restrictions that accompany use of the data. Specifically, they agree that, in the event of inadvertent discovery of the identity of any individual or establishment, then: (a) no use will be made of this knowledge; (b) the director of NCHS will be advised of the incident; (c) the information that would identify the individual or establishment will be safe-guarded or destroyed, as requested by NCHS; and (d) no one else will be informed of the discovered identity.

Maintaining the confidentiality of survey respondents, whether individuals or establishments, is a responsibility of NCHS as described in section 308(d) of the Public Health Service Act. As such it may be necessary for NCHS to block the release of data or modify variables that may, because of their unique nature, lead to inadvertent disclosure of the identity of a participating facility or respondent.

Measurement Errors.   As in any survey, results are subject to nonsampling or measurement errors, which include errors due to hospital nonresponse, missing abstracts, information incompletely or inaccurately recorded on abstract forms, and processing errors. A very small proportion, (less than one-half of one percent) of the discharge records failed to include the sex, age, or date of birth of the patient. If the hospital record did not state either the age or sex of patient, it was imputed by

assigning an age or sex value according to the specifications described earlier. In a very few cases (about a quarter of a percent of the records), the age or sex was edited, because it was inconsistent with the diagnosis. In 2001, data for RACE were missing for 27.9 percent of the discharges, and no attempt was made to impute for these missing values.

Other edit and imputation procedures may have been applied to data in the NHDS collected in automated form.

Sampling errors and rounding of numbers. The standard error is primarily a measure of sampling variability that occurs by chance because only a sample rather than the entire universe is surveyed. The relative standard error of the estimate is obtained by dividing the standard error by the estimate itself. The resulting value is multiplied by 100, so the relative standard error is expressed as a percent of the estimate. Estimates of sampling variability were calculated with SUDAAN software, which computes standard errors by using a first-order Taylor series approximation of the deviation of estimates from their expected values. A description of the software and the approach it uses was published by Bieler and Williams (6).

Relative Standard Errors for Aggregate Estimates

Parameters for calculating approximate relative standard errors for aggregate estimates are presented in Table 1. To derive error estimates that would be applicable to a wide variety of statistics, numerous estimates and their variances were produced. A regression model was then used to produce best-fit curves, based on the empirically determined relationship between the size of an estimate X and its relative variance. The relative standard error of an estimate X [RSE(X)] is the square root of the relative variance and may be calculated from the formula:

$$RSE(X) = SQRT(a + b/X)$$

with a and b provided in Table 1.   When multiplied by 100, the RSE(X) is expressed as a percent of X.

For example, in 2001 the estimated number of discharges from short-stay hospitals for children under age 15 with a first-listed diagnosis of asthma (ICD-9-CM code 493) was 182,000. Using the applicable constants from Table 1 for estimates by age produces:

$$RSE(182,000) = SQRT(.019559 + (255.68054/182,000))$$

$$RSE(182,000) = .145$$

When multiplied by 100, the relative standard error for the estimate of interest becomes 14.5 percent. The standard error of the estimate is obtained by multiplying the relative standard error by the estimate itself:

$$SE(182,000) = 182,000 * .145 = 26,390$$

The standard error can be used to generate confidence intervals for statistical testing. In this example, the 95% confidence interval for the estimate of children under age 15 with a first-listed diagnosis of asthma is:

$$(182,000 - 2*26,390) <-> (182,000 + 2*26,390)$$

$$129,220 <-> 234,780$$

Relative Standard Error for Estimates of Percents

Approximate relative standard errors for estimates of percents may also be calculated from Table 1.

The relative standard error for a percent, 100p (0<p<1), may be calculated using the formula:

$$RSE(p) = SQRT(b * (1 - p)/(p * X))$$

where 100p is the percent of interest, X is the base of the percent, and b is the parameter b in the formula for approximating the RSE(X). The values for b are given in Table 1. When multiplied by 100, the RSE(p) is expressed as a percent of the estimate, p.

For example, in 2001 the estimated number of discharges from short-stay hospitals who were women was 19,801,000. This is 60.6 percent of the estimated 32,653,000 total discharges for that year. Using the applicable constants from Table 1 for estimates by sex produces:

$$RSE(.606) = SQRT(342.93903 * (1 - .606) / (.606 * 32,653,000))$$

$$RSE(.606) = .00261$$

When multiplied by 100, the relative standard error for the estimate of interest becomes .261 percent. The standard error is obtained by multiplying the relative standard error by the estimate itself:

$$SE(.606) = .606 * .00261 = .0016$$

The standard error can be used to calculate confidence intervals for statistical testing. In this example, the 95% confidence interval for the estimate of the percentage of female inpatients is:

$$(.606 - 2*.0016) <-> (.606 + 2*.0016)$$

$$.603 <-> .609$$

or, equivalently, **60.3% <-> 60.9%**

Relative Standard Error for Ratio Estimators

The approximate RSE of a ratio (X/Y) in which the numerator (X) and the denominator (Y) are both estimated from the same survey, but the numerator is not a subclass of the denominator, is calculated using the formula:

$$RSE(X/Y) = SQRT(RSE^2(X) + RSE^2(Y))$$

The approximation is valid if the RSE of the denominator is less than 5 percent or the RSE's of the numerator and denominator are both less than 10 percent. When multiplied by 100, the RSE(X/Y) is expressed as a percent of the ratio estimate, X/Y.

For example, average length of stay (ALOS) is considered a ratio estimator since it is the ratio of days of care to the number of discharges. In 2001, the estimated number of days of care for inpatients with a first-listed diagnosis of septicemia (ICD-9-CM code 038) was 2,798,000. The estimated number of discharges for inpatients with a first-listed diagnosis of septicemia was 315,000. The ALOS for inpatients with a first-listed diagnosis of septicemia was 2,798,000/315,000 = 8.9.

To compute the RSE for ALOS, first compute the RSE for the estimated number of days of care and the RSE for the estimated number of discharges. See the section above on **Relative Standard Errors for Aggregate Estimates** for computation of these RSE's.

$$RSE(2,798,000) = .0538$$
$$RSE(315,000) = .0528$$

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Next, substitute those RSE's into the formula above to approximate the RSE for the ALOS estimate:

$$RSE(8.9) = SQRT((.0538)^2 + (.0528)^2)$$

$$RSE(8.9) = .0754$$

The standard error of the estimate is obtained by multiplying the relative standard error by the estimate itself:

$$SE(8.9) = .0754 * 8.9 = .671$$

The standard error can be used to generate confidence intervals for statistical testing. In this example, the 95% confidence interval for the estimate of the ALOS for inpatients diagnosed with septicemia is:

$$(8.9 - 2*.671) <-> (8.9 + 2*.671)$$

$$7.6 <-> 10.2$$

Table 1. Parameter values for generalized variance curves for National Hospital Discharge Survey aggregate statistics by statistic type: United States, 2001

CHARACTERISTIC	FIRST-LISTED DIAGNOSIS		DAYS OF CARE		ALL-LISTED DIAGNOSES		ALL-LISTED PROCEDURES	
	a	b	a	b	a	b	a	b
TOTAL	0.001631	363.12509	0.002459	1220.89487	0.002091	334.05420	0.003315	350.63512
SEX								
Male	0.001842	308.41410	0.003146	970.65046	0.002323	350.31173	0.002944	312.14074
Female	0.001627	342.93903	0.002561	1198.08912	0.002133	301.70076	0.003651	297.13325
AGE GROUP								
Under 15 years	0.019559	255.68054	0.028911	741.92461	0.021234	251.66415	0.032730	188.88986
15-44 years	0.001888	308.94327	0.003510	981.63597	0.002525	323.04101	0.002554	305.35783
45-64 years	0.001619	340.50806	0.003025	1242.89203	0.004306	304.37374	0.003745	314.88075
65 years and over	0.001766	335.01760	0.002757	1743.24150	0.001811	339.06768	0.004229	291.04046
REGION								
Northeast	0.006571	214.04495	0.010894	626.33097	0.008897	255.03923	0.011802	217.65694
Midwest	0.009213	223.96502	0.010174	681.94996	0.011381	221.01132	0.015234	114.86421
South	0.002579	382.08743	0.004246	1495.49950	0.002581	321.47181	0.004842	279.73060
West	0.006452	397.64500	0.009007	1290.83141	0.007389	385.48362	0.010323	320.12859
RACE								
White	0.003221	390.28117	0.004371	1542.25090	0.003803	341.76814	0.005689	327.84093
Black	0.005184	244.75842	0.008018	640.89559	0.004853	248.06938	0.006062	216.94233
All other	0.020005	179.85557	0.034807	333.26539	0.018754	191.51078	0.023212	144.08558
Race not stated	0.021861	232.90884	0.018903	646.81927	0.022159	279.96248	0.018972	179.04885
EXPECTED SOURCE OF PAYMENT								
Medicare	0.001928	332.64540	0.003065	1735.16946	0.002125	265.65344	0.004465	312.50291
Medicaid	0.005123	288.43976	0.008733	950.06162	0.004662	342.03884	0.007771	261.56993
Worker's compensation & other government payments	0.007835	335.06604	0.019079	953.52236	0.012240	320.42534	0.010259	319.83309
HMO/PPO	0.004518	283.02522	0.007349	623.07719	0.004200	300.77147	0.005875	275.40627
BC/BS & other private insurance	0.004670	263.29831	0.006592	897.33089	0.005218	282.43767	0.007702	258.10313
Self pay	0.002101	286.72662	0.005520	1112.40630	0.003209	281.65076	0.006501	213.04954
No charge and other	0.031597	216.53385	0.024951	914.55479	0.027256	248.57408	0.032417	232.34503

Users of NHDS data are cautioned that computed estimates based on fewer than 30 unweighted records are not reliable and should not be reported.
Because these estimates are based on so few data points, they are excluded from the calculation of the generalized variance curves.
Thus, application of generalized variance curves is appropriate only for estimates based on at least 30 records.

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Presentation of Estimates. Publication of estimates for the NHDS is based on the relative standard error of the estimate and the number of sample records on which the estimate is based (referred to as the sample size). Estimates are not presented in NCHS reports unless a reasonable assumption regarding the probability distribution of the sampling error is possible.

Based on consideration of the complex sample design of the NHDS, the following guidelines are used for presenting the NHDS estimates:

> If the sample size is less than 30, the value of the estimate is not reported.

> If the sample size is 30-59, the value of the estimate is reported but should not be assumed reliable.

> If the sample size is 60 or more and the relative standard error is less than 30 percent, the estimate is reported.

> If the relative standard error of any estimate is over 30 percent, the estimate is considered to be unreliable. It is left to the author to decide whether or not to present it. However, if the author chooses to present the unreliable estimate, the consumer of the statistic must be informed that the statistic is not reliable.

Monthly and Seasonal Estimates Under the New Design. An important difference between the old and new designs is the method used to adjust for nonresponse. In the old design, weights for responding hospitals were adjusted each month to account for hospitals that did not respond for that month. In the new design, the type of nonresponse adjustment applied depended on whether the hospital was considered a nonrespondent or partial respondent. A nonresponding hospital was one which failed to provide at least half of the expected number of discharges for at least half of the months for which it was in-scope. In this case, weights of discharges from hospitals similar to the nonresponding hospital were inflated to account for discharges of the nonrespondent hospital. However, this adjustment was performed just once, after the close out of the survey for the year, instead of monthly as before.

For partially responding hospitals, one or both of two adjustments were made. If the hospital provided at least half, but not all, of the expected number of abstracts for a given month, the weights of the abstracts actually collected for that month were inflated to account for the missing abstracts. If fewer than half of the expected number of abstracts were provided, the weights of the abstracts provided were inflated by a factor of two, then a second adjustment was made to account for the excess nonresponse. In the second adjustment, the weights of the discharges in the hospital's respondent months were inflated by ratios that varied by category of first-listed ICD-9-CM diagnostic code. This adjustment ratio was based on the hospital's month(s) of nonresponse and the month-by-month distributions of first-listed diagnostic groups among discharges from hospitals which responded for all twelve months. The ratio accounts for the seasonality in the occurrence of the first-listed diagnostic groups for annual statistics, but not for partial year estimates. As a result monthly and seasonal estimates may be skewed. While the effect is believed to be small, it is recommended that partial year estimates NOT be produced. In the 2001 NHDS, 96 percent of the 448 responding hospitals provided data for all twelve months, and 98 percent provided at least nine months of data.

How to Use the Data File. The NHDS records are weighted to allow inflation to national or regional estimates. The weight applied to each record is found in location 21-25. To produce an estimate of the number of discharges, the weights for the desired records must be summed. To produce an estimate for number of days of care, the weight must be multiplied by the days of care (location 13-16) and these products are summed. Average length of stay data can be obtained by dividing the days of care by the number of discharges as calculated above.

Appendix D contains weighted and unweighted frequencies for selected variables. These may be used as a cross-check when processing NHDS data.

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Diagnosis-Related Groups (DRGs). Many users of the NHDS data have expressed an interest in converting the medical data to DRGs. This has been done using DRG Grouper Programs obtained from the Centers for Medicare and Medicaid Services (formerly HCFA). The DRGs and the DRG Grouper Programs were developed outside of the National Center for Health Statistics; any questions about DRGs, other than specific questions about how they relate to NHDS data, should be addressed elsewhere.

Questions. Questions concerning NHDS data should be directed to:

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Centers for Disease Control and Prevention
National Center for Health Statistics
Division of Health Care Statistics
Hospital Care Statistics Branch
3311 Toledo Road
Hyattsville, Maryland 20782
Phone: 301.458.4321
Fax: 301.458.4032
email: NHDS@cdc.gov

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For more information about the NHDS, visit our website:
http://www.cdc.gov/nchs/about/major/hdasd/nhds.htm

For email discussions and dissemination of NHDS data, join the Hospital Discharge and Ambulatory Surgery Data listserv (HDAS-DATA). In the body of an email message (leaving the subject line blank), type:

subscribe hdas-data Your Name

Send this message to:
listserv@cdc.gov

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II. TECHNICAL DESCRIPTION OF DATA FILE

Data Set Name	NHDS01.PU.TXT
Record Length	88
Number of Records	330,210

III. RECORD LAYOUT: Location and Coding of Data Elements

This section provides detailed information for each sampled record on the file, with a description of each item included on the record. Data elements are arranged sequentially according to their physical location on the file. Unless otherwise stated in the Item Description, the data are derived from the abstract form or from automated sources. The SMG Hospital Market Data File and the hospital interview are alternate sources of data; some other items are computer generated.

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Item Number	Location	Number of Positions	Item description	Code description
1	1-2	2	Survey Year	01
2	3	1	Newborn status	1=Newborn 2=Not newborn
3	4	1	Units for age	1=Years 2=Months 3=Days
4	5-6	2	Age in years, months, or days	If units=years: 00-99* If units=months: 01-11 If units=days: 00-28 *Ages 100 and over were recoded to 99
5	7	1	Sex	1=Male 2=Female
6	8	1	Race	1=White 2=Black 3=American Indian/Alaskan Native 4=Asian 5=Native Hawaiian or other Pacific Isldr 6=Other 8=Multiple race indicated 9=Not stated
7	9	1	Marital status	1=Married 2=Single 3=Widowed 4=Divorced 5=Separated 9=Not stated
8	10-11	2	Discharge month	01-12=January to December
9	12	1	Discharge Status	1=Routine/discharged home 2=Left against medical advice 3=Discharged/transferred to short-term facility 4=Discharged/transferred to long-term care institution 5=Alive, disposition not stated 6=Dead 9=Not stated or not reported
10	13-16	4	Days of care	Use to calculate number of days of care. Values of zero generated by the computer from admission and discharge dates were changed to one. (Discharges for which dates of admission and discharge are the same are identified in Item Number 11)

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Item Number	Location	Number of Positions	Item description	Code description
11	17	1	Length of stay flag	0=Less than 1 day 1=One day or more
12	18	1	Geographic region	1=Northeast 2=Midwest 3=South 4=West
13	19	1	Number of beds, recode	1=6-99 2=100-199 3=200-299 4=300-499 5=500 and over
14	20	1	Hospital ownership	1=Proprietary 2=Government 3=Nonprofit, including church
15	21-25	5	Analysis weight	Use to obtain weighted estimates
16	26-27	2	First two digits of survey year	20
17	28-32	5	Diagnosis code #1	*
18	33-37	5	Diagnosis code #2	*
19	38-42	5	Diagnosis code #3	*
20	43-47	5	Diagnosis code #4	*
21	48-52	5	Diagnosis code #5	*
22	53-57	5	Diagnosis code #6	*
23	58-62	5	Diagnosis code #7	*
24	63-66	4	Procedure code#1	*
25	67-70	4	Procedure code#2	*
26	71-74	4	Procedure code#3	*
27	75-78	4	Procedure code#4	*

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Item Number	Location	Number of Positions	Item description	Code description
28	79-80	2	Principal expected source of payment	01=Worker's compensation 02=Medicare 03=Medicaid 04=Other government 05=Blue Cross/Blue Shield 06=HMO/PPO 07=Other private insurance 08=Self-pay 09=No charge 10=Other 99=Not stated
29	81-82	2	Secondary expected source of payment	Same coding as item 28 above
30	83-85	3	Diagnosis-Related Groups (DRG)	Grouper version 18.0
31	86	1	Type of Admission	1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 9 = Not available
32	87-88	2	Source of Admission	1 = Physician referral 2 = Clinical referral 3 = HMO referral 4 = Transfer from a hospital 5 = Transfer from skilled nursing facility 6 = Transfer from other health facility 7 = Emergency room 8 = Court/law enforcement 9 = Other 99 = Not available

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*Diagnosis and procedure codes are in compliance with the *International Classification of Diseases, 9th Revision, Clinical Modification, (ICD-9-CM)*. For **diagnosis** codes, there is an implied decimal between positions 3 and 4. For E-codes, the implied decimal is between the 4th and 5th position. For inapplicable 4th or 5th digits, a dash is inserted. For **procedure** codes, there is an implied decimal between positions 2 and 3. For inapplicable 3rd or 4th digits, a dash is inserted.

APPENDIX A

DEFINITION OF TERMS

Terms relating to hospitals and hospitalization

Hospitals: Short stay hospitals or hospitals whose specialty is general (medical or surgical), or children's general. Hospitals must have 6 beds or more staffed for patients use. Federal hospitals and hospital units of institutions are not included.

Type of ownership of hospital: The type of organization that controls and operates the hospital. Hospitals are grouped as follows:

> **Not for Profit**: Hospitals operated by a church or another not for profit organization.

> **Government**: Hospitals operated by State and local government.

> **Proprietary**: Hospitals operated by individuals, partnerships, or corporations for profit.

Patient: A person who is formally admitted to the inpatient service of a short-stay hospital for observation, care, diagnosis, or treatment, or by birth.

Discharge: The formal release of a patient by a hospital; that is, the termination of a period of hospitalization by death or by disposition to place of residence, nursing home, or another hospital. The terms "discharges" and "patients discharged" are used synonymously.

Discharge rate: The ratio of the number of hospital discharges during the year to the number of persons in the civilian population on July 1 of that year.

Days of care: The total number of patient days accumulated at time of discharge by patients discharged from short stay hospitals during a year. A stay of less than 1 day (patient admission and discharge on the same day) is counted as 1 day in the summation of total days of care. For patients admitted and discharged on different days, the number of days of care is computed by counting all days from (and including) the date of admission to (but not including) the date of discharge.

Rate of days of care: The ratio of the number of patient days accumulated at time of discharge to the number of persons in the civilian population on July 1 of that year.

Average length of stay: The total number of days of care accumulated at time of discharge by patients discharged during the year, divided by the number of patients discharged.

Terms relating to diagnoses and procedures

Discharge diagnoses: One or more diseases or injuries (or some factor that influences health status and contact with health services that is not itself a current illness or injury) listed by the attending physician on the medical record of a patient. In the NHDS, discharge (or final) diagnoses listed on the face sheet (summary sheet) of the medical record are transcribed in the order listed. Each sample discharge is assigned a maximum of seven five-digit codes according to ICD-9-CM (4).

Principal diagnosis: The condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care.

First-listed diagnosis: The coded diagnosis identified as the principal diagnosis or listed first on the face sheet of the medical record if the principal diagnosis cannot be identified. The number of first-listed diagnoses is equivalent to the number of discharges.

Procedure: One or more surgical or nonsurgical operations, procedures, or special treatments listed by the physician on the medical record. In the NHDS, all terms listed on the face sheet (summary sheet) of the medical record under the caption "operation," "operative procedures," "operations and/or special treatment," and the like are transcribed in the order listed. A maximum of four procedures are coded.

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Rate of procedures: The ratio of the number of all-listed procedures during a year to the number of persons in the civilian population on July 1 of that year determines the rate of procedures.

Demographic terms

Age: Refers to the age of the patient on the birthday prior to admission to the hospital inpatient service.

Population: Civilian population is the resident population excluding members of the Armed Forces.

Geographic regions: Hospitals are classified by location in one of the four geographic regions of the United States corresponding to those used by the U.S. Bureau of the Census:

U.S. CENSUS REGIONS			
NORTHEAST	MIDWEST	SOUTH	WEST
Maine	Michigan	Delaware	Montana
New Hampshire	Ohio	Maryland	Idaho
Vermont	Illinois	District of Columbia	Wyoming
Massachusetts	Indiana	Virginia	Colorado
Connecticut	Wisconsin	West Virginia	New Mexico
Rhode Island	Minnesota	North Carolina	Arizona
New York	Iowa	South Carolina	Utah
New Jersey	Missouri	Georgia	Nevada
Pennsylvania	North Dakota	Florida	Washington
	South Dakota	Kentucky	Oregon
	Nebraska	Tennessee	California
	Kansas	Alabama	Hawaii
		Mississippi	Alaska
		Arkansas	
		Louisiana	
		Oklahoma	
		Texas	

APPENDIX B

The *International Classification of Diseases, 9th Revision, Clinical Modification* has been used for coding NHDS data since 1979. The classification system undergoes annual updating, which involves the assignment of new diagnostic and procedure codes, fourth or fifth digit expansion of existing codes, as well as code deletions.   Changes are contained in addenda developed by the ICD-9-CM Coordination and Maintenance Committee and approved by the Director of NCHS and the Administrator of the Centers for Medicare and Medicaid Services (formerly HCFA). Addenda to the ICD-9-CM become effective on October 1 of the calendar year and have been released for 1986 through 2001, except for 1999 when there was no addendum due to concerns about possible complications for instituting coding changes prior to the millennium crossover.

As described earlier in this document, the 2001 NHDS involved two data collection modes: manual and automated abstract services. All data collected manually were coded using the third edition of the ICD-9-CM, including addendum changes for 1986 through 2000. Because addendum changes become effective in the last quarter of the calendar year, data collected via abstract services were coded using two different ICD-9-CM revisions. For the first 9 months of 2001, the ICD-9-CM with addendum changes up to October 1, 2000 was used; but for the last 3 months, the October 2001 addendum changes were incorporated. Therefore, to preserve consistent coding across the 12 months and to prevent NHDS data users from mistaking partial year estimates for annual estimates, abstract service data for the last quarter of 2001 were converted back to their previous code assignments under the October 2000 addendum.

In order to assist users, a conversion table is provided which shows the date of introduction of each new code and the previously assigned code equivalent, which had been used for reporting the selected diagnosis or procedure prior to issuance of the new code. This conversion table can be obtained online at the following location: http://www.cdc.gov/nchs/icd9.htm.

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
005.81	1995	005.8
005.89	1995	005.8
007.4	1997	007.8
007.5	**2000**	**007.8**
008.00-008.09	1992	008.0
008.43-008.47	1992	008.49
008.61-008.69	1992	008.6
031.2	1997	031.8
038.10	1997	038.1
038.11	1997	038.1
038.19	1997	038.1
041.00-041.09	1992	041.0
041.04 (code title restated)	1997	041.04
041.10-041.19	1992	041.1
041.81-041.85	1992	041.8
041.86	1995	041.84
041.89	1992	041.8
042	1994	042.0-042.2, 042.9, 043.0-043.3, 043.9, 044.0, 044.9 (Codes deleted)
042.0-042.9	1986	279.19
043.0-043.9	1986	279.19
044.0-044.9	1986	279.19
070.20-070.21	1991	070.2
070.22	1994	070.20
070.23	1994	070.21
070.30-070.31	1991	070.3
070.32	1994	070.30
070.33	1994	070.31
070.41-070.43	1991	070.4
070.44	1994	070.41
070.49	1991	070.4
070.51-070.53	1991	070.5
070.54	1994	070.51
070.59	1991	070.5
077.98-077.99	1993	077.9

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
078.10-078.11,078.19	1993	078.1
078.88	1993	078.89
079.4	1993	079.8
079.50-079.53,079.59	1993	079.8
079.6	1996	079.89
079.81	1995	079.89
079.88-079.89	1993	079.8
079.98-079.99	1993	079.9
082.40-082.41, 082.49	**2000**	**082.8**
088.81,088.89	1989	088.8
088.82	1993	088.89
099.40-099.49	1992	099.4
099.50-099.59	1992	078.89
112.84-112.85	1992	112.89
114.4-114.5	1993	114.3
176.0-176.9	1991	173.0-173.9
203.00	1991	203.0
203.01	1991	V10.79
203.10	1991	203.1
203.11	1991	V10.79
203.80	1991	203.8
203.81	1991	V10.79
204.00	1991	204.0
204.01	1991	V10.61
204.10	1991	204.1
204.11	1991	V10.61
204.20	1991	204.2
204.21	1991	V10.61
204.80	1991	204.8
204.81	1991	V10.61
204.90	1991	204.9
204.91	1991	V10.61
205.00	1991	205.0
205.01	1991	V10.62
205.10	1991	205.1
205.11	1991	V10.62
205.20	1991	205.2

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
205.21	1991	V10.62
205.30	1991	205.3
205.31	1991	V10.62
205.80	1991	205.8
205.81	1991	V10.62
205.90	1991	205.9
205.91	1991	V10.62
206.00	1991	206.0
206.01	1991	V10.63
206.10	1991	206.1
206.11	1991	V10.63
206.20	1991	206.2
206.21	1991	V10.63
206.80	1991	206.8
206.81	1991	V10.63
206.90	1991	206.9
206.91	1991	V10.63
207.00	1991	207.0
207.01	1991	V10.69
207.10	1991	207.1
207.11	1991	V10.69
207.20	1991	207.2
207.21	1991	V10.69
207.80	1991	207.8
207.81	1991	V10.69
208.00	1991	208.0
208.01	1991	V10.60
208.10	1991	208.1
208.11	1991	V10.60
208.20	1991	208.2
208.21	1991	V10.60
208.80	1991	208.8
208.81	1991	V10.60
208.90	1991	208.9
208.91	1991	V10.60
237.70-237.72	1990	237.7
250.02	1993	250.90
250.03	1993	250.91
250.12	1993	250.10
250.13	1993	250.11
250.22	1993	250.20
250.23	1993	250.21

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
250.32	1993	250.30
250.33	1993	250.31
250.42	1993	250.40
250.43	1993	250.41
250.52	1993	250.50
250.53	1993	250.51
250.62	1993	250.60
250.63	1993	250.61
250.72	1993	250.70
250.73	1993	250.71
250.82	1993	250.80
250.83	1993	250.81
250.92	1993	250.90
250.93	1993	250.91
275.40-275.42	1997	275.4
275.49	1997	275.4
278.00-278.01	1995	278.0
283.10-283.11,283.19	1993	283.1
285.21-285.22,285.29	**2000**	**285.8**
291.81	1996	291.8
291.89	1996	291.8
293.84	1996	293.89
294.10-294.11	**2000**	**294.1**
300.82	1996	300.81
305.1	1994	305.10, 305.11, 305.12, 305.13 (Codes deleted)
312.81-312.82,312.89	1994	312.8
315.32	1996	315.39
320.81-320.89	1992	320.8
333.92-333.93	1994	333.99
337.20-337.22,337.29	1993	337.9
337.3	1998	337.9

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
342.00-342.02	1994	342.0
342.10-342.12	1994	342.1
342.80-342.82	1994	342.9
342.90-342.92	1994	342.9
344.00-344.04,344.09	1994	344.0
344.30-344.32	1994	344.3
344.40-344.42	1994	344.4
344.81,344.89	1993	344.8
345.00-345.01	1989	345.0
345.10-345.11	1989	345.1
345.40-345.41	1989	345.4
345.50-345.51	1989	345.5
345.60-345.61	1989	345.6
345.70-345.71	1989	345.7
345.80-345.81	1989	345.8
345.90-345.91	1989	345.9
346.00-346.01	1992	346.0
346.10-346.11	1992	346.1
346.20-346.21	1992	346.2
346.80-346.81	1992	346.8
346.90-346.91	1992	346.9
355.71	1993	354.4
355.79	1993	355.7
371.82	1992	371.89
372.81, 372.89	**2000**	**372.8**
374.87	1990	374.89
403.00-403.01	1989	403.0
403.10-403.11	1989	403.1
403.90-403.91	1989	403.9
404.00-404.03	1989	404.0
404.10-404.13	1989	404.1
404.90-404.93	1989	404.9
410.00-410.02	1989	410.0
410.10-410.12	1989	410.1
410.20-410.22	1989	410.2
410.30-410.32	1989	410.3
410.40-410.42	1989	410.4
410.50-410.52	1989	410.5

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
410.60-410.62	1989	410.6
410.70-410.72	1989	410.7
410.80-410.82	1989	410.8
410.90-410.92	1989	410.9
411.81	1989	410.9
411.89	1989	411.8
414.00-414.01	1994	414.0
414.02-414.03	1994	996.03
414.04-414.05	1996	414.00
415.11	1995	997.3 & 415.1
415.19	1995	415.1
429.71	1989	410.0-410.9
429.79	1989	410.0-410.9
433.00-433.01	1993	433.0
433.10-433.11	1993	433.1
433.20-433.21	1993	433.2
433.30-433.31	1993	433.3
433.80-433.81	1993	433.8
433.90-433.91	1993	433.9
434.00-434.01	1993	434.0
434.10-434.11	1993	434.1
434.90-434.91	1993	434.9
435.3	1995	435.0 & 435.1
437.7	1992	780.9
438.0	1997	294.9 & 438
438.10	1997	784.5 & 438
438.11	1997	784.3 & 438
438.12	1997	784.4 & 438
438.19	1997	784.5 & 438
438.20	1997	342.90 & 438
438.21	1997	342.91 & 438
438.22	1997	342.92 & 438
438.30	1997	344.40 & 438
438.31	1997	344.41 & 438
438.32	1997	344.42 & 438
438.40	1997	344.30 & 438
438.41	1997	344.31 & 438

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Current code(s) assignment	Effective October 1	Previous code(s) assignment
438.42	1997	344.32 & 438
438.50-438.52	1997	344.89 & 438
438.53	1998	438.50
438.81	1997	784.69 & 438
438.82	1997	787.2 & 438
438.89	1997	438
438.9	1997	438
440.20-440.22	1992	440.2
440.23	1993	440.20 & 707.1 or 707.8 or 707.9
440.24	1993	440.20 & 785.4
440.29	1993	440.2
440.30-440.32	1994	996.1
441.00-441.03	1994	441.0
441.6	1993	441.1 & 441.3
441.7	1993	441.2 & 441.4
446.20-446.21,446.29	1990	446.2
451.82-451.84	1993	451.89
458.2	1995	997.9 & 458.9
458.8	1997	458.9
466.11	1996	466.1
466.19	1996	466.1
474.0 (code title restated)	1997	474.0
477.1	**2000**	**477.8**
482.30-482.39	1992	482.3
482.4	1998	482.4
482.41	1998	482.4
482.49	1998	482.4
482.81-482.89	1992	482.8
482.84	1997	482.83
483.0	1992	483
483.1	1996	078.88 & 484.8
483.8	1992	483
491.20-491.21	1991	491.2

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DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
493.20	1989	493.90
493.21	1989	493.91
493.02	**2000**	**493.00**
493.12	**2000**	**493.10**
493.22	**2000**	**493.20**
493.92	**2000**	**493.90**
494.0-494.1	**2000**	**494**
512.1	1994	997.3
518.6	1997	518.89
518.81	1987	799.1
518.82-518.89	1987	518.8
518.83	1998	518.81
518.84	1998	518.81
519.00-519.02, 519.09	1998	519.0
524.00-524.09	1992	524.0
524.10-524.19	1992	524.1
524.60-524.69	1991	524.6
524.70-524.79	1992	524.8
530.10-530.11, 530.19	1993	530.1
530.81	1993	530.1
530.82-530.84, 530.89	1993	530.8
535.00-535.01	1991	535.0
535.10-535.11	1991	535.1
535.20-535.21	1991	535.2
535.30-535.31	1991	535.3
535.40-535.41	1991	535.4
535.50-535.51	1991	535.5
535.60-535.61	1991	535.6
536.3	1994	536.8
536.40-536.42, 536.49	1998	997.4
537.82	1990	537.89
537.83	1991	537.82
558.3	**2000**	**558.9**
556.0-556.6	1994	556
556.8-556.9	1994	556

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
562.02	1991	562.00
562.03	1991	562.01
562.12	1991	562.10
562.13	1991	562.11
564.81	1998	564.8
564.89	1998	564.8
569.60-569.61	1995	569.6
569.62	1998	569.69
569.69	1995	569.6
569.84	1990	557.1
569.85	1991	569.84
574.60	1996	574.00 & 574.30
574.61	1996	574.01 & 574.31
574.70	1996	574.10 & 574.40
574.71	1996	574.11 & 574.41
574.80	1996	574.00 & 574.10
		574.30 & 574.40
574.81	1996	574.01 & 574.11
		574.31 & 574.41
574.90	1996	574.20 & 574.50
574.91	1996	574.21 & 574.51
575.10-575.11	1996	575.1
575.12	1996	575.0 & 575.1
593.70-593.73	1994	593.7
596.51-596.53	1992	596.5
596.54	1992	344.61
596.55-596.59	1992	596.5
599.81-599.89	1992	599.8
600.0-600.3, 600.9	**2000**	**600**
645.0	1991	645
645.10-645.11, 645.13	**2000**	**645.00-645.01, 645.03**
645.20-645.21, 645.23	**2000**	**645.00-645.01, 645.03**
651.30-651.31,651.33	1989	651.00-651.01,651.03
651.40-651.41,651.43	1989	651.10-651.11,651.13
651.50-651.51,651.53	1989	651.20-651.21,651.23
651.60-651.61,651.63	1989	651.80-651.81,651.83

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
654.20-654.21,654.23	1990	654.2, 654.9
654.90-654.94	1990	654.2, 654.9
655.70 & 655.71	1997	655.8
655.73	1997	655.8
657.0	1991	657
659.60,659.61,659.63	1992	659.80-659.81, 659.83
659.70, 659.71, 659.73	1998	656.30, 656.31, 656.33
665.10,665.11	1992	665.10,665.11,665.12,665.14

Note: The title for the subcategory, 665.1 has been changed,
making the fifth-digit subclassification, 665.12 and 665.14 invalid.

Current code(s) assignment	Effective October 1	Previous code(s) assignment
670.0	1991	670
672.0	1991	672
677	1994	None
686.00 & 686.01	1997	686.0
686.09	1997	686.0
690.10	1995	690
690.11	1995	691.8 & 704.8
690.12	1995	691.8
690.18	1995	690
690.8	1995	690
692.72-692.74	1992	692.79
692.75	**2000**	**692.79**
692.82-692.83	1992	692.89
702.0-702.8	1991	702
702.11,702.19	1994	702.1
704.02	1993	704.09
707.10-707.15, 707.19	**2000**	**707.1**
709.00-709.01,709.09	1994	709.0
710.5	1992	288.3,729.1
727.83	**2000**	**727.89**

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
728.86	1995	729.4
733.10-733.16, 733.19	1993	733.1
738.10-738.19	1992	738.1
747.60-747.64, 747.69	1993	747.6
747.82	1993	747.89
752.51-752.52	1996	752.5
752.61-752.63	1996	752.6
752.64-752.65	1996	752.8
752.69	1996	752.8
753.10-753.17,753.19	1990	753.1
753.20-753.23	1996	753.2
753.29	1996	753.2
756.70-756.71	1997	756.7
756.79	1997	756.7
758.81	1996	758.8
758.89	1996	758.9
759.81-759.82	1989	759.8
759.83	1994	759.89
759.89	1989	759.8
760.75	1991	760.79
760.76	1994	760.79
763.81-763.83, 763.89	1998	763.8
764.00-764.09	1988	764.0
764.10-764.19	1988	764.1
764.20-764.29	1988	764.2
764.90-764.99	1988	764.9
765.00-765.09	1988	765.0
765.10-765.19	1988	765.1
780.01-780.02	1992	780.0
780.03	1993	780.01
780.09	1992	780.0
780.31	1997	780.3
780.39	1997	780.3
780.57	1992	780.51, 780.53

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
780.71	1998	780.7
780.79	1998	780.7
781.8	1994	781.9
781.91-781.92	**2000**	**781.9**
781.99	**2000**	**781.9**
783.21	**2000**	**783.2**
783.22	**2000**	**783.4**
783.40-783.43	**2000**	**783.4**
783.7	**2000**	**783.4**
786.03	1998	786.09
786.04	1998	786.09
786.05	1998	786.09
786.06	1998	786.09
786.07	1998	786.09
787.01-787.03	1994	787.0
787.91	1995	558.9
787.99	1995	787.9
788.20-788.21, 788.29	1993	788.2
788.30-788.39	1992	788.3
788.41-788.43	1993	788.4
788.61-788.62, 788.69	1993	788.6
789.00-789.07, 789.09	1994	789.0
789.30-789.37, 789.39	1994	789.3
789.40-789.47, 789.49	1994	789.4
789.60-789.67, 789.69	1994	789.6
790.01, 790.09	**2000**	**790.0**
790.91	1993	790.9
790.92	1993	286.9
790.93, 790.99	1993	790.9
790.94	1997	790.99
792.5	**2000**	**792.9**
795.71	1994	795.8 (Code deleted)
795.79	1994	795.7
795.8	1986	795.7
796.5	1997	796.9

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
864.05	1992	864.09
864.15	1992	864.19
909.5	1994	909.9
922.31-922.33	1996	922.3
925.1-925.2	1993	925
959.0 (code title restated)	1997	959.0
959.01	1997	854.00
959.09	1997	959.0
965.61	1998	965.6
965.69	1998	965.6
989.81-989.84	1995	989.8
989.89	1995	989.8
995.50-995.55	1996	995.5
995.59	1996	995.5
995.60-995.69	1993	995.0
995.7	**2000**	**None**
995.80	1996	995.81
995.81 (Code title restated)	1996	995.81
995.82-995.85	1996	995.81
995.86	1998	995.89
996.04	1994	996.09
996.51-996.59	1987	996.5
996.55	1998	996.52
996.56	1998	996.59
996.60-996.69	1989	996.6
996.68	1998	996.69
996.70-996.79	1989	996.7
996.80-996.84	1987	996.8
996.85	1990	996.8
996.86	1987	996.8
996.87	**2000**	**996.89**
996.89	1987	996.8
997.00-997.01	1995	997.0
997.02	1995	997.9 & 430-434, 436
997.09	1995	997.0
997.91	1995	997.9
997.99	1995	997.9

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
998.11-998.12	1996	998.1
998.13	1996	998.89
998.51	1996	998.5
998.59	1996	998.5
998.81-998.82, 998.89	1994	998.8
998.83	1996	998.89
V02.51	1998	V02.5
V02.52	1998	V02.5
V02.59	1998	V02.5
V02.60-V02.62	1997	V02.6
V02.69	1997	V02.6
V03.81-V03.82, V03.89	1994	V03.8
V05.3-V05.4	1993	V05.8
V06.5-V06.6	1994	V06.8
V07.31,V07.39	1994	V07.3
V07.4	1992	V07.8
V08	1994	044.9, 795.8 (Codes deleted)
V09.0-V09.91	1993	None
V10.48	1998	V10.49
V12.00-V12.03, V12.09	1994	V12.0
V12.40-V12.41	1997	V12.4
V12.49	1997	V12.4
V12.50-V12.52	1995	V12.5
V12.59	1995	V12.5
V12.70-V12.72, V12.79	1994	V12.7
V13.00-V13.01, V13.09	1994	V13.0
V13.61	1998	V13.6
V13.69	1998	V13.6
V15.01-V15.09	**2000**	**V15.0**
V15.41-V15.42	1996	V15.4
V15.49	1996	V15.4
V15.82	1994	305.13 (Codes deleted)
V15.84-V15.86	1995	V15.89

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
V16.40-V16.43	1997	V16.4
V16.49	1997	V16.4
V16.51	1998	V16.5
V16.59	1998	V16.5
V18.61	1998	V18.6
V18.69	1998	V18.6
V21.30-V21.35	**2000**	**None**
V23.7	1989	V23.8
V23.81	1998	V23.8
V23.82	1998	V23.8
V23.83	1998	V23.8
V23.84	1998	V23.8
V23.89	1998	V23.8
V25.43	1992	V25.49
V25.5	1992	V25.8
V26.21-V26.22, V26.29	**2000**	**V26.2**
V26.51	1998	None
V26.52	1998	None
V28.6	1997	V28.8
V29.0-V29.1, V29.8	1992	V71.8
V29.2	1994	V29.8
V29.3	1998	V29.8
V29.8	1992	V71.8
V29.9	1992	V71.9
V30.00-V30.01	1989	V30.0
V31.00-V31.01	1989	V31.0
V32.00-V32.01	1989	V32.0
V33.00-V33.01	1989	V33.0
V34.00-V34.01	1989	V34.0
V35.00-V35.01	1989	V35.0

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
V36.00-V36.01	1989	V36.0
V37.00-V37.01	1989	V37.0
V39.00-V39.01	1989	V39.0
V42.84	**2000**	**V42.89**
V42.81-V82.83	1997	V42.8
V42.89	1997	V42.8
V43.60-V43.66, V43.69	1994	V43.6
V43.81-V43.82	1995	V43.8
V43.83	1998	V43.89
V43.89	1995	V43.8
V44.50	1998	V44.5
V44.51	1998	V44.5
V44.52	1998	V44.5
V44.59	1998	V44.5
V45.00	1994	V45.89
V45.01	1994	V45.0
V45.02, V45.09	1994	V45.89
V45.51	1994	V45.5
V45.52, V45.59	1994	V45.89
V45.61	1997	V45.6
V45.63	1997	V45.6
V45.71	1997	611.8
V45.72	1997	569.89
V45.73	1997	593.89
V45.74	**2000**	**593.89, 596.8**
V45.75	**2000**	**V45.89**
V45.76	**2000**	**518.89**
V45.77	**2000**	**602.8, 607.89, 608.89, 620.8, 621.8, 622.8**
V45.78	**2000**	**360.89**
V45.79	**2000**	**255.8, 289.59, 388.8, 569.49, 577.8, V45.89**
V45.82	1994	V45.89
V45.83	1995	V45.89

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
V49.60-V49.67	1994	V49.5
V49.70-V49.77	1994	V49.5
V49.81	**2000**	**None**
V49.89	**2000**	**V49.8**
V50.41-V50.42, V50.49	1994	V50.8
V53.01-V53.02	1997	V53.0
V53.09	1997	V53.0
V53.31	1994	V53.3
V53.32, V53.39	1994	V53.9
V56.1	1995	V58.89
V56.1 (code title restated)	1998	V56.1
V56.2	1998	V56.1
V56.31-V56.32	**2000**	**V56.8**
V57.21-V57.22	1994	V57.2
V58.41, V58.49	1994	V58.4
V58.61	1995	V67.51
V58.62	1998	V58.69
V58.69	1995	V67.51
V58.81, V58.89	1994	V58.8
V58.82	1995	V58.89
V58.83	**2000**	**V58.89**
V59.01-V59.02	1995	V59.0
V59.09	1995	V59.0
V59.6	1995	V59.8
V61.10-V61.12	1996	V61.1
V61.22	1996	V61.21
V62.83	1996	V65.49
V64.4	1997	None
V65.40-V65.45, V65.49	1994	V65.4
V66.7	1996	None

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
V67.00-V67.01, V67.09	**2000**	**V67.0**
V69.0-V69.3	1994	None
V69.8-V69.9	1994	None
V71.81	**2000**	**V71.8**
V71.89	**2000**	**V71.8**
V72.81-V72.85	1993	V72.8
V73.88-V73.89	1993	V73.8
V73.98-V73.99	1993	V73.9
V76.10-V76.12	1997	V76.1
V76.19	1997	V76.1
V76.44	1998	V76.49
V76.45	1998	V76.49
V76.46-V76.47	**2000**	**V76.49**
V76.50-V76.52	**2000**	**V76.49**
V76.81, V76.89	**2000**	**V76.8**
V77.91, V77.99	**2000**	**V77.9**
V82.81, V82.89	**2000**	**V82.8**
E854.8	1995	E858.8
E869.4	1994	E869.8
E880.1	1995	E884.9
E884.3-E884.4	1995	E884.2
E884.5-E884.6	1995	E884.9
E885.1-E885.4, E885.9	**2000**	**E885**
E906.5	1995	E906.3
E908.0-E908.4	1995	E908
E908.8-E908.9	1995	E908
E909.0-E909.4	1995	E909
E909.8-E909.9	1995	E909
E920.5	1995	E920.4

DIAGNOSIS CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
E922.4	1997	E917.9
E924.2	1995	E924.0
E928.3	**2000**	**E928.8**
E955.6	1997	E955.9
E967.2	1996	E967.0
E967.3	1996	None
E967.4-E967.8	1996	E967.1
E968.7	**2000**	**E968.8**
E968.5	1995	E968.8
E968.6	1997	E968.8
E985.6	1997	E985.4

PROCEDURE CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
02.96	1992	89.19
03.90	1987	03.99 (Insertion of Catheter)
05.25	1995	39.7
11.75	1989	11.79
11.76	1989	11.62
20.96-20.98	1986	20.95
22.12	1988	22.11
26.12	1988	26.11
29.31	1991	83.02
29.32	1991	29.3
29.33	1991	29.3
29.39	1991	29.3
31.45	1988	31.43-31.44
31.95	1989	31.75
32.01	1989	32.0
32.09	1989	32.0
32.22	1995	32.29, 32.9
32.28	1989	32.29
33.27	1987	33.22 + 33.27
33.28	1987	33.27
33.29	1987	33.28-33.29
33.50	1995	33.5
33.51	1995	33.5
33.52	1995	33.5
33.6	1990	33.5 + 37.5
34.05	1994	34.99
35.84	1988	35.82
35.96	1986	35.03
36.00-36.03	1986	36.0
36.04	1986	39.97
36.05	1987	36.01
36.05	1986	36.01*, 36.02
36.06	1995	36.01, 36.02, 36.03, 36.05

PROCEDURE CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
36.09	1986	36.0
36.09	1991	36.00 (Code deleted)
36.17	1996	36.19
36.31	1998	36.3
36.32	1998	36.3
36.39	1998	36.3
37.26-37.27	1988	37.29
37.34	1988	37.33
37.35	1997	37.33
37.65	1995	37.62
37.66	1995	37.62
37.67	1998	37.4
37.70 (Leads only)	1987	37.70 (Leads/Device)
37.71-37.72 (Leads only)	1987	37.74 (Leads/Device)
37.73 (Leads only)	1987	37.73 (Leads/Device)
37.74 (Leads only)	1987	37.76 (Leads/Device)
37.75 (Leads only)	1987	37.89 (Leads/Device)
37.76 (Leads only)	1987	37.81 (Leads/Device)
37.77 (Leads only)	1987	37.83-37.84 (Leads/Device)
37.78	1987	37.71-37.72
37.79	1987	86.09
37.80-37.87	1992	89.49 (Code deleted, this procedure is included in the code for pacemaker insertion/replacement)
37.80 (Device only)	1987	37.73-37.77 (Leads/Device)
37.81 (Device only)	1987	37.73-37.77 (Leads/Device)
37.82 (Device only)	1987	37.73-37.77 (Leads/Device)
37.83 (Device only)	1987	37.73-37.77 (Leads/Device)
37.85-37.87	1987	37.85
37.89	1987	37.86 + 37.89
37.94-37.98	1986	37.99
38.22	1986	38.29
38.44 (Abdominal Aorta Only)	1986	38.44 (Entire Aorta)
38.45 (Thoracic Aorta Added)	1986	38.44-38.45
38.95	1989	38.93
39.28	1991	39.29
39.50	1995	39.59
39.65	1988	39.61
39.66	1990	39.65
39.71	**2000**	**39.52**
39.79	**2000**	**39.52**
39.90	1996	39.50

PROCEDURE CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
41.00-41.03	1988	41.0
41.04	1994	99.79
41.05	1997	None
41.06	1997	None
41.07	**2000**	**41.04**
41.08	**2000**	**41.05**
41.09	**2000**	**41.01**
42.25	1988	42.24
42.33	1989	42.32, 42.39
42.33	1990	42.91
43.11	1989	43.1
43.19	1989	43.1, 43.2
43.41	1989	43.41,43.49
44.21	1986	44.2
44.22	1986	44.99
44.29	1986	44.2
44.43	1989	43.49,45.32
44.44	1989	38.86
44.49	1989	43.0
44.93-44.94	1986	44.99
45.16	1988	45.14 (45.15 before 1987)
45.30	1989	45.31,45.32
45.42	1988	45.41
45.43	1989	45.49
45.75 (Hartmann Resection Added)	1988	48.66 (Code deleted)
45.95	1987	45.93
46.13	1992	46.12 (Code deleted)
46.32	1989	46.39
46.85	1989	46.99
46.97	**2000**	**46.99**
47.01	1996	47.0
47.09	1996	47.0
47.11	1996	47.1
47.19	1996	47.1
48.36	1995	45.42
49.31	1989	49.3
49.39	1989	49.3
51.10	1989	51.97

PROCEDURE CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
51.11	1989	51.11,51.97
51.14	1989	51.12
51.15	1989	51.97
51.21	1996	51.22, 51.23
51.22	1991	51.21 (Code deleted),51.22
51.23	1991	51.22
51.24	1996	51.22, 51.23
51.64	1989	51.69
51.84-51.88	1989	51.97
51.97	1986	52.91,51.99, or 51.82
51.98	1986	51.99
52.13	1989	51.97,52.91
52.14	1989	52.11
52.21	1989	52.2
52.22	1989	52.2
52.84	1996	99.29
52.85	1996	99.29
52.86	1996	99.29
52.93	1989	52.93 + 52.91
52.94	1989	52.09
52.97	1989	52.91
52.98	1989	52.91
52.99	1989	52.93,52.94,52.99
54.24	1987	54.23
54.25	1993	54.98
54.51	1996	54.5
54.59	1996	54.5
55.03-55.04	1986	55.02
56.33-56.34	1987	56.33
56.35	1987	45.12
57.17-57.18	1989	57.21
57.22	1989	57.22,57.82
58.31	1990	58.3
58.39	1990	58.3
58.93	1986	57.99
59.03	1996	59.02
59.12	1996	59.11
59.72	1995	59.79
59.96	1986	59.95

PROCEDURE CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
60.21	1995	60.2
60.29	1995	60.2
60.95	1991	60.99
60.96	**2000**	**60.29**
60.97	**2000**	**60.29**
64.97	1986	64.95
65.01	1996	65.0
65.09	1996	65.0
65.13	1996	65.12
65.14	1996	65.19
65.23	1996	65.21
65.24	1996	65.22
65.25	1996	65.29
65.31	1996	65.3
65.39	1996	65.3
65.41	1996	65.4
65.49	1996	65.4
65.53	1996	65.51
65.54	1996	65.52
65.63	1996	65.61
65.64	1996	65.62
65.74	1996	65.71
65.75	1996	65.72
65.76	1996	65.73
65.81	1996	65.8
65.89	1996	65.8
66.01	1992	66.0
66.02	1992	66.73
68.15	1987	68.14
68.16	1987	68.13
68.23	1996	68.29
68.51	1996	68.5
68.59	1996	68.5
68.9	1992	68.4
74.3	1992	69.11 (Code deleted)
75.37	1998	99.29
77.56	1989	77.89,78.49,81.18
77.57	1989	77.89,80.48,81.18,83.85
77.58	1989	77.59,81.18

PROCEDURE CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
78.10	1991	78.40
78.11	1991	78.41
78.12	1991	78.42
78.13	1991	78.43
78.14	1991	78.44
78.15	1991	78.45
78.16	1991	78.46
78.17	1991	78.47
78.18	1991	78.48
78.19	1991	78.49
78.20	1991	78.10,78.20,78.30
78.21 (Invalid code)	1991	78.11,78.31
78.22	1991	78.12,78.22,78.32
78.23	1991	78.13,78.23,78.33
78.24	1991	78.14,78.34
78.25	1991	78.15,78.25,78.35
78.27	1991	78.17,78.27,78.37
78.28	1991	78.18,78.38
78.29	1991	78.11,78.16,78.19,78.29,78.39
78.39	1991	78.31
78.90**	1987	78.40
78.91**	1987	78.41
78.92**	1987	78.42
78.93**	1987	78.43
78.94**	1987	78.44
78.95**	1987	78.45
78.96**	1987	78.46
78.97**	1987	78.47
78.98**	1987	78.48
78.99**	1987	78.49
80.50-80.59	1986	80.5
81.03	1989	81.02
81.04-81.05	1989	81.03,81.04,81.05
81.06-81.07	1989	81.06,81.07
81.08	1989	81.06,81.07,81.08
81.09	1989	81.08
81.40	1989	81.69
81.51	1989	81.51,81.59
81.52	1989	81.61,81.62,81.63,81.64
81.53	1989	81.51,81.59,81.61,81.62, 81.63,81.64
81.54-81.55	1989	81.41 (Code deleted)
81.56	1989	81.48
81.57	1989	81.31,81.39
81.59	1989	81.39

PROCEDURE CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment
81.72	1989	81.79
81.73-81.74	1989	81.86 (Code deleted)
81.75	1989	81.87 (Code deleted)
81.79	1989	81.79,81.87
81.80	1989	81.81
81.97	1992	81.59
85.95	1987	85.99
85.96	1987	85.99
86.06	1987	86.09
86.07	1990	86.09
86.27	1986	86.22-86.23
86.28	1988	86.22
86.67	1998	86.65
86.93	1987	86.89
88.90	1986	88.39
88.91	1986	89.15
88.92	1986	89.39
88.93	1986	89.15
88.94	1986	89.39
88.95	1986	89.29
88.97	1989	88.99
88.98	1989	88.90
88.99	1986	89.39
89.10	1989	89.15
89.17-89.18	1988	89.15
89.19	1989	89.15
89.50	1991	89.54
92.3	1995	01.59, 04.07, 07.63, 07.68
92.30	1998	92.3
92.31	1998	92.3
92.32	1998	92.3
92.33	1998	92.3
92.39	1998	92.3
93.90	1988	93.92
94.61-94.69	1989	94.25
96.29	1998	96.39
96.6	1986	96.35
96.70	1991	93.92 (Code deleted)

PROCEDURE CODES

Current code(s) assignment	Effective October 1	Previous code(s) assignment	
96.71	1991	93.92	(Code deleted)
96.72	1991	93.92	(Code deleted)
97.05	1989	51.97	
98.51-98.52	1989	59.96	(Code deleted)
98.59	1989	59.96	(Code deleted)
99.00	1995	99.02	
99.10	1998	99.29	
99.15	1986	99.29	
99.20	1998	99.29	
99.28	1994	99.25	
99.71-99.74, 99.79***	1988	99.07	
99.75	**2000**	**99.29**	
99.85	1987	93.35	
99.86	1987	93.39	
99.88	1988	99.83	

*Before October 1986 contents of current code 36.05 would have
 been assigned to 36.0.

**Codes 78.90-78.99 were retitled as "Insertion of bone growth
 stimulator" in October 1987; the previous contents of codes
 78.90-78.99 were reassigned to codes 78.40-78.49.

***Codes 99.71-99.79 were deleted in October 1987; their contents
 were not transferred elsewhere. In the October 1988 revision,
 codes 99.71-99.79 were reclassified as "Therapeutic apheresis."
 Codes 99.75-99.78 have not yet been reassigned.

APPENDIX C

This appendix provides estimates of the civilian population of the United States as of July 1, 2001. Estimates are based on the results of the 2000 Census and were obtained from the U.S. Bureau of the Census. At the time of this release, only national level data by age, sex, and racial groups were available. By spring of 2003, state estimates will be made available and population estimates for the four Census geographic regions will be released.

Civilian population of the United States, by sex, age, race, and geographic region:
July 1, 2001.   Source: U.S. Bureau of the Census, Population Division.

Estimates in thousands

	Total	Male	Female		Total	Male	Female
All ages	283,624	138,809	144,815	**15 to 44 years**	123,438	61,930	61,508
White	229,378	112,861	116,517	Northeast	N/A	N/A	N/A
Black	36,049	17,086	18,963	Midwest	N/A	N/A	N/A
Other	18,198	8,863	9,335	South	N/A	N/A	N/A
				West	N/A	N/A	N/A
Northeast	N/A	N/A	N/A				
Midwest	N/A	N/A	N/A	**45 to 64 years**	64,460	31,358	33,102
South	N/A	N/A	N/A	45 to 54 years	39,153	19,205	19,947
West	N/A	N/A	N/A	55 to 64 years	25,307	12,153	13,155
Under 15 years	60,435	30,938	29,497	White	54,059	26,566	27,492
Under 1 year	4,034	2,064	1,969	Black	6,913	3,154	3,759
1 to 4 years	15,336	7,841	7,495	Other	3,489	1,638	1,851
5 to 14 years	41,065	21,033	20,033				
				Northeast	N/A	N/A	N/A
White	46,244	23,728	22,516	Midwest	N/A	N/A	N/A
Black	9,466	4,808	4,658	South	N/A	N/A	N/A
Other	4,725	2,402	2,323	West	N/A	N/A	N/A
				65 years and over	35,291	14,583	20,708
Northeast	N/A	N/A	N/A	65 to 74 years	18,313	8,297	10,016
Midwest	N/A	N/A	N/A	75 to 84 years	12,574	4,987	7,587
South	N/A	N/A	N/A	85 years and over	4,404	1,299	3,105
West	N/A	N/A	N/A				
15 to 44 years	123,438	61,930	61,508	White	31,132	12,944	18,188
15 to 24 years	39,459	20,076	19,383	Black	2,909	1,107	1,802
25 to 34 years	39,211	19,673	19,538	Other	1,250	533	718
35 to 44 years	44,768	22,181	22,587				
				Northeast	N/A	N/A	N/A
White	97,943	49,623	48,320	Midwest	N/A	N/A	N/A
Black	16,761	8,017	8,744	South	N/A	N/A	N/A
Other	8,734	4,290	4,444	West	N/A	N/A	N/A

*The NHDS used the civilian noninstitutionalized population to calculate hospital utilization rates from 1965 through 1980. Beginning in 1981, the civilian resident population has been used to calculate rates. If you have NHDS data files for years before 1981 and used the civilian noninstitutionalized population provided in the documentation to calculate rates, these rates will have to be adjusted to be comparable to 2000 rates using the civilian resident population.

N/A = Not available.

Civilian population of the United States by sex, age, and geographic region:
July 1, 2001.   Source: U.S. Bureau of the Census, Population Division.

Estimates in thousands

Age	UNITED STATES Total	Male	Female	NORTHEAST Total	Male	Female	MIDWEST Total	Male	Female	SOUTH Total	Male	Female	WEST Total	Male	Female
All															
0-4															
5-9															
10-14															
15-19															
20-24															
25-29															
30-34															
35-39															
40-44															
45-49															
50-54															
55-59															
60-64															
65-69															
70-74															
75-79															
80-84															
0-14															
15-44															
45-64															
15+															
45+															
65+															
75+															
85+															

NOT YET AVAILABLE

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Civilian Population of the United States by sex, age, and race: July 1, 2001.
Source: U.S. Bureau of the Census, Population Division.

Estimates in thousands

	ALL RACES			WHITE			BLACK			OTHER		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
ALL AGES	283,624	138,809	144,815	229,378	112,861	116,517	36,049	17,086	18,963	18,198	8,863	9,335
0-4	19,369	9,905	9,464	14,784	7,577	7,207	2,932	1,491	1,440	1,654	837	817
0	4,034	2,064	1,969	3,076	1,574	1,502	606	310	296	351	180	172
1	3,867	1,979	1,888	2,954	1,515	1,438	578	294	284	335	169	166
2	3,813	1,950	1,863	2,911	1,492	1,418	578	293	285	325	165	160
3	3,836	1,961	1,875	2,924	1,499	1,425	586	298	288	325	163	162
4	3,819	1,951	1,868	2,918	1,495	1,423	584	296	288	318	160	157
5-9	20,184	10,337	9,847	15,412	7,912	7,500	3,215	1,632	1,582	1,558	792	766
5	3,921	2,012	1,909	3,002	1,543	1,458	602	306	295	318	162	156
6	3,954	2,024	1,930	3,022	1,550	1,471	620	315	306	312	159	153
7	4,026	2,059	1,967	3,070	1,576	1,494	646	327	318	310	156	154
8	4,097	2,100	1,997	3,122	1,603	1,519	666	338	328	309	158	151
9	4,187	2,143	2,044	3,196	1,639	1,557	681	346	335	309	158	151
10-14	20,881	10,696	10,185	16,049	8,239	7,810	3,320	1,684	1,635	1,513	773	740
10	4,260	2,182	2,079	3,258	1,671	1,586	689	350	339	314	161	153
11	4,287	2,198	2,089	3,281	1,686	1,595	696	353	343	310	159	151
12	4,184	2,143	2,041	3,213	1,650	1,563	669	339	330	302	154	148
13	4,086	2,092	1,994	3,153	1,618	1,535	638	324	315	295	151	145
14	4,064	2,081	1,982	3,145	1,614	1,531	627	318	309	292	149	143
15-19	20,165	10,340	9,826	15,674	8,063	7,611	3,032	1,537	1,495	1,459	740	719
15	4,053	2,079	1,974	3,145	1,618	1,527	621	315	306	287	146	141
16	4,049	2,078	1,971	3,147	1,619	1,528	611	311	300	290	147	143
17	4,014	2,066	1,948	3,121	1,612	1,510	604	308	296	288	147	142
18	4,031	2,075	1,956	3,133	1,618	1,515	601	306	295	296	151	145
19	4,019	2,042	1,977	3,127	1,596	1,531	595	297	298	298	149	148
20-24	19,293	9,736	9,557	15,061	7,673	7,388	2,798	1,354	1,444	1,435	710	725
20	4,041	2,035	2,006	3,141	1,593	1,548	601	295	307	299	148	151
21	4,006	2,017	1,989	3,120	1,584	1,536	589	287	303	296	146	150
22	3,836	1,942	1,894	2,995	1,529	1,466	559	271	288	282	142	141
23	3,749	1,893	1,855	2,937	1,500	1,437	536	257	278	276	137	139
24	3,661	1,848	1,813	2,867	1,467	1,401	512	244	268	282	138	144
25-29	18,703	9,403	9,300	14,635	7,456	7,180	2,554	1,206	1,348	1,513	741	772
25	3,648	1,839	1,809	2,859	1,461	1,398	505	239	265	285	139	145
26	3,695	1,867	1,828	2,889	1,479	1,410	507	241	266	299	147	151
27	3,671	1,840	1,831	2,870	1,461	1,409	497	233	264	304	145	158
28	3,729	1,874	1,855	2,910	1,478	1,432	512	242	271	307	155	152
29	3,959	1,982	1,977	3,107	1,577	1,530	534	251	283	318	154	164
30-34	20,509	10,270	10,238	16,300	8,261	8,039	2,696	1,266	1,430	1,513	744	770
30	4,155	2,083	2,071	3,281	1,665	1,616	551	258	293	322	160	162
31	4,286	2,155	2,130	3,399	1,730	1,669	566	267	299	321	158	163
32	4,076	2,042	2,034	3,242	1,643	1,598	529	249	280	305	150	155
33	3,995	1,998	1,997	3,184	1,612	1,572	524	246	278	287	139	148
34	3,996	1,991	2,005	3,194	1,610	1,584	525	245	280	277	136	141

	ALL RACES			WHITE			BLACK			OTHER		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
35-39	22,075	10,956	11,120	17,763	8,917	8,847	2,862	1,336	1,526	1,450	703	747
35	4,144	2,061	2,083	3,308	1,666	1,642	552	258	294	284	137	147
36	4,415	2,203	2,212	3,535	1,783	1,751	585	275	311	295	145	150
37	4,497	2,232	2,266	3,616	1,814	1,803	582	272	310	299	146	152
38	4,481	2,213	2,267	3,620	1,808	1,812	573	267	306	288	139	149
39	4,538	2,246	2,291	3,684	1,845	1,839	569	265	304	284	136	148
40-44	22,693	11,225	11,468	18,510	9,255	9,255	2,819	1,319	1,501	1,363	652	712
40	4,561	2,255	2,305	3,713	1,855	1,858	571	267	305	276	133	143
41	4,681	2,324	2,357	3,800	1,907	1,893	595	279	316	286	138	148
42	4,503	2,225	2,278	3,673	1,835	1,838	559	260	298	272	129	142
43	4,521	2,235	2,286	3,697	1,847	1,850	556	261	295	267	127	140
44	4,427	2,185	2,241	3,626	1,810	1,816	539	251	287	262	124	138
45-49	20,741	10,201	10,540	17,108	8,509	8,599	2,426	1,125	1,301	1,207	567	640
45	4,330	2,132	2,197	3,550	1,768	1,782	524	244	280	256	120	135
46	4,315	2,129	2,186	3,540	1,767	1,773	517	240	277	258	121	136
47	4,150	2,040	2,110	3,426	1,702	1,724	484	225	259	240	113	127
48	4,018	1,972	2,046	3,328	1,652	1,676	458	211	246	233	109	124
49	3,929	1,927	2,002	3,263	1,619	1,644	444	205	240	221	103	118
50-54	18,411	9,004	9,407	15,406	7,616	7,790	1,981	911	1,070	1,024	478	547
50	3,760	1,841	1,919	3,114	1,542	1,572	429	198	231	217	101	116
51	3,789	1,857	1,932	3,131	1,552	1,579	435	201	233	223	104	120
52	3,639	1,778	1,861	3,034	1,499	1,535	400	184	217	204	95	109
53	3,695	1,807	1,888	3,121	1,541	1,579	377	173	204	197	92	105
54	3,529	1,722	1,807	3,006	1,481	1,525	340	155	185	182	85	97
55-59	14,189	6,864	7,325	12,074	5,896	6,178	1,401	631	770	714	337	377
55	3,096	1,507	1,589	2,625	1,290	1,335	309	141	169	162	76	86
56	2,822	1,369	1,453	2,381	1,166	1,215	290	131	158	151	71	80
57	2,829	1,368	1,461	2,411	1,177	1,234	279	125	153	140	65	74
58	2,786	1,344	1,442	2,384	1,160	1,224	268	120	148	134	63	71
59	2,655	1,276	1,379	2,273	1,102	1,171	255	114	142	127	60	67
60-64	11,118	5,288	5,830	9,471	4,546	4,925	1,104	486	618	543	257	287
60	2,387	1,142	1,245	2,031	981	1,050	237	105	132	119	57	63
61	2,310	1,102	1,208	1,959	943	1,016	235	104	131	116	55	61
62	2,215	1,054	1,161	1,889	907	982	218	96	122	107	51	56
63	2,158	1,025	1,134	1,842	882	960	213	94	120	103	49	54
64	2,048	966	1,082	1,750	833	917	202	88	114	97	45	52
65-69	9,533	4,410	5,123	8,193	3,830	4,363	916	389	527	423	190	233
65	2,010	941	1,069	1,719	813	906	197	85	112	93	43	51
66	1,979	923	1,057	1,693	797	896	196	84	111	91	41	49
67	1,869	864	1,005	1,606	750	856	180	76	104	83	37	46
68	1,838	844	993	1,580	734	846	177	75	103	80	36	45
69	1,837	838	999	1,596	736	860	166	69	97	75	33	42
70-74	8,781	3,888	4,893	7,711	3,451	4,261	735	294	441	334	143	191
70	1,819	822	997	1,592	727	865	155	64	91	73	31	41
71	1,815	812	1,003	1,586	717	869	156	63	93	73	31	41
72	1,744	773	971	1,530	686	844	148	59	89	66	28	38
73	1,730	758	971	1,525	676	849	141	56	86	63	27	36
74	1,674	723	951	1,479	645	833	136	53	83	59	25	34

	ALL RACES			WHITE			BLACK			OTHER		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
75-79	7,425	3,057	4,368	6,613	2,742	3,871	570	213	357	242	102	140
75	1,610	683	927	1,424	610	814	130	50	81	55	23	32
76	1,580	659	921	1,402	589	813	124	47	77	53	23	31
77	1,500	617	883	1,339	554	785	113	42	71	48	21	28
78	1,391	564	827	1,242	506	736	105	39	66	44	19	26
79	1,344	535	809	1,206	483	723	98	35	62	40	17	23
80-84	5,149	1,929	3,220	4,640	1,748	2,892	365	123	242	144	58	86
80	1,270	497	774	1,145	450	695	89	31	57	36	15	21
81	1,110	423	687	993	381	613	83	29	55	33	14	20
82	1,039	388	650	935	351	583	76	26	50	28	11	17
83	914	334	581	828	304	524	62	20	42	24	9	15
84	815	288	528	738	262	476	56	17	38	22	8	13
85-89	2,888	927	1,961	2,614	842	1,772	202	58	144	72	27	45
85	736	252	484	668	230	438	50	15	35	19	7	12
86	657	216	441	595	197	399	45	13	32	17	6	11
87	577	183	394	522	166	356	41	12	29	14	5	9
88	499	153	346	450	138	312	36	10	26	12	4	8
89	418	123	296	378	111	267	30	8	22	10	4	6
90-94	1,176	304	872	1,061	272	789	87	22	65	27	10	17
90	348	97	251	314	87	227	26	7	19	8	3	5
91	285	76	210	257	67	189	22	6	16	7	2	4
92	225	57	168	204	51	153	16	4	12	5	2	3
93	180	43	137	163	39	124	13	3	10	4	1	3
94	137	31	106	124	28	96	11	2	8	3	1	2
95-99	292	59	233	260	51	209	26	5	20	7	2	4
95	103	22	81	92	19	73	8	2	7	2	1	1
96	74	15	59	66	13	53	6	1	5	2	1	1
97	53	10	43	47	9	38	5	1	4	1	0	1
98	37	7	30	32	6	27	4	1	3	1	0	1
99	24	4	20	21	4	18	2	0	2	1	0	0
100+	48	10	39	39	7	32	7	2	5	2	1	1
0 to 14	60,435	30,938	29,497	46,244	23,728	22,516	9,466	4,808	4,658	4,725	2,402	2,323
15 to 44	123,438	61,930	61,508	97,943	49,623	48,320	16,761	8,017	8,744	8,734	4,290	4,444
45 to 64	64,460	31,358	33,102	54,059	26,566	27,492	6,913	3,154	3,759	3,489	1,638	1,851
15+	223,189	107,871	115,318	183,134	89,133	94,000	26,583	12,278	14,305	13,473	6,460	7,012
45+	99,751	45,941	53,810	85,191	39,510	45,680	9,822	4,260	5,561	4,739	2,171	2,568
65+	35,291	14,583	20,708	31,132	12,944	18,188	2,909	1,107	1,802	1,250	533	718
75+	16,978	6,286	10,692	15,227	5,663	9,564	1,257	423	834	493	200	294
85+	4,404	1,299	3,105	3,974	1,173	2,802	322	87	235	108	39	68

APPENDIX D

UNWEIGHTED FREQUENCIES FOR SELECTED VARIABLES

	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
SURVEY YEAR			
2001	36,410	293,800	330,210
UNITS			
YEARS	.	285,168	285,168
MONTHS	.	5,982	5,982
DAYS	36,410	2,650	39,060
AGE			
U15 YEARS	36,410	26,753	63,163
15-44 YEARS	.	94,387	94,387
45-64 YEARS	.	65,508	65,508
65 YEARS &UP	.	107,152	107,152
SEX			
MALE	18,575	116,283	134,858
FEMALE	17,835	177,517	195,352
RACE			
WHITE	17,248	155,483	172,731
BLACK	4,883	42,531	47,414
AI/AN	150	906	1,056
ASIAN	320	1,792	2,112
NH/OPI	100	345	445
OTHER	2,309	12,101	14,410
MULTIPLE	7	16	23
NOT STATED	11,393	80,626	92,019
MARSTAT			
MARRIED	29	44,621	44,650
SINGLE	12,711	28,606	41,317
WIDOWED	1	14,548	14,549
DIVORCED	2	6,013	6,015
SEPARATED	21	1,118	1,139
NOT STATED	23,646	198,894	222,540
DISCHARGE STATUS			
ROUTINE	33,627	220,898	254,525
LEFT AG MEDICAL ADVICE	8	2,550	2,558
SHORT-TERM TRANSFER	389	8,047	8,436
LONG-TERM TRANSFER	37	23,237	23,274
ALIVE, OTHER	2,139	29,966	32,105
DEAD	142	7,049	7,191
NOT STATED	68	2,053	2,121
LOSFLAG			
LESS THAN 1 DAY	354	5,648	6,002
ONE DAY OR MORE	36,056	288,152	324,208

	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
REGION			
NORTHEAST	7,545	71,581	79,126
MIDWEST	10,105	89,941	100,046
SOUTH	12,260	95,259	107,519
WEST	6,500	37,019	43,519
BEDSIZE			
6-99	2,866	31,676	34,542
100-199	9,108	74,797	83,905
200-299	8,135	59,224	67,359
300-499	11,903	91,860	103,763
500&UP	4,398	36,243	40,641
OWNERSHIP			
PROPRIETARY	2,524	21,333	23,857
GOVERNMENT	2,977	25,218	28,195
NOT FOR PROFIT	30,909	247,249	278,158
PRINCIPAL EXPTD SOURCE OF PAYMENT			
WORKER'S COMPENSATION	11	1,629	1,640
MEDICARE	.	108,120	108,120
MEDICAID	10,582	40,400	50,982
OTHER GOVERNMENT PAY	250	2,993	3,243
BLUE CROSS/BLUE SHIELD	4,273	26,377	30,650
HMO/PPO	11,328	52,654	63,982
OTHER PRIV/COMM INS	6,623	38,595	45,218
SELF PAY	1,675	12,274	13,949
NO CHARGE	30	1,493	1,523
OTHER	1,106	6,379	7,485
SOURCE NOT STATED	532	2,886	3,418
DISCHARGE MONTH			
JANUARY	3,015	25,959	28,974
FEBRUARY	2,785	23,777	26,562
MARCH	3,175	26,803	29,978
APRIL	3,015	24,524	27,539
MAY	3,099	24,994	28,093
JUNE	3,084	24,676	27,760
JULY	3,067	23,577	26,644
AUGUST	3,251	24,939	28,190
SEPTEMBER	3,132	23,158	26,290
OCTOBER	3,072	24,429	27,501
NOVEMBER	2,828	23,696	26,524
DECEMBER	2,887	23,268	26,155
TYPE OF ADMISSION			
EMERGENCY	.	90,285	90,285
URGENT	.	49,199	49,199
ELECTIVE	.	49,481	49,481
NEWBORN	36,410	.	36,410
NOT STATED	.	104,835	104,835

	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
SOURCE OF ADMISSION			
PHYSICIAN REFERRAL	.	75,124	75,124
CLINICAL REFERRAL	.	4,323	4,323
HMO REFERRAL	.	1,102	1,102
TRANSFER FROM HOSPITAL	.	7,021	7,021
TRANSFER FROM SNF	.	1,606	1,606
TRANSFER FROM OTHER	.	2,757	2,757
EMERGENCY ROOM	.	96,122	96,122
COURT/LAW ENFORCEMENT	.	392	392
OTHER	36,410	3,425	39,835
NOT AVAILABLE	.	101,928	101,928
FIRST-LISTED DIAGNOSIS CHAPTER			
CHAPTER 01	.	7,684	7,684
CHAPTER 02	.	16,064	16,064
CHAPTER 03	.	13,964	13,964
CHAPTER 04	.	4,069	4,069
CHAPTER 05	.	19,156	19,156
CHAPTER 06	.	4,841	4,841
CHAPTER 07	.	56,180	56,180
CHAPTER 08	.	29,873	29,873
CHAPTER 09	.	28,338	28,338
CHAPTER 10	.	15,265	15,265
CHAPTER 11	.	4,736	4,736
CHAPTER 12	.	5,077	5,077
CHAPTER 13	.	15,003	15,003
CHAPTER 14	.	2,279	2,279
CHAPTER 15	.	1,832	1,832
CHAPTER 16	.	2,135	2,135
CHAPTER 17	.	23,136	23,136
V-CODES	36,410	44,168	80,578

WEIGHTED FREQUENCIES FOR SELECTED VARIABLES

	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
SURVEY YEAR			
2001	3,658,669	32,652,589	36,311,258
UNITS			
YEARS	.	31,802,115	31,802,115
MONTHS	.	600,435	600,435
DAYS	3,658,669	250,039	3,908,708
AGE			
U15 YEARS	3,658,669	2,559,809	6,218,478
15-44 YEARS	.	10,343,100	10,343,100
45-64 YEARS	.	7,224,268	7,224,268
65 YEARS &UP	.	12,525,412	12,525,412
SEX			
MALE	1,865,637	12,851,779	14,717,416
FEMALE	1,793,032	19,800,810	21,593,842
RACE			
WHITE	2,019,040	20,332,367	22,351,407
BLACK	433,837	3,900,106	4,333,943
AI/AN	31,589	161,083	192,672
ASIAN	65,965	367,639	433,604
NH/OPI	14,052	69,952	84,004
OTHER	103,616	606,795	710,411
MULTIPLE	4,032	5,203	9,235
NOT STATED	986,538	7,209,444	8,195,982
MARSTAT			
MARRIED	5,854	9,295,701	9,301,555
SINGLE	2,317,649	5,969,786	8,287,435
WIDOWED	308	3,170,969	3,171,277
DIVORCED	342	1,317,564	1,317,906
SEPARATED	6,637	172,644	179,281
NOT STATED	1,327,879	12,725,925	14,053,804
DISCHARGE STATUS			
ROUTINE	3,470,226	25,269,528	28,739,754
LEFT AG MEDICAL ADVICE	667	261,069	261,736
SHORT-TERM TRANSFER	53,037	1,444,819	1,497,856
LONG-TERM TRANSFER	4,110	2,644,505	2,648,615
ALIVE, OTHER	103,419	1,913,459	2,016,878
DEAD	13,353	803,503	816,856
NOT STATED	13,857	315,706	329,563
LOSFLAG			
LESS THAN 1 DAY	46,902	707,854	754,756
ONE DAY OR MORE	3,611,767	31,944,735	35,556,502

2001 NHDS DATA FILE DOCUMENTATION

	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
REGION			
NORTHEAST	762,384	7,026,430	7,788,814
MIDWEST	777,927	7,428,559	8,206,486
SOUTH	1,393,810	12,744,295	14,138,105
WEST	724,548	5,453,305	6,177,853
BEDSIZE			
6-99	722,386	7,289,206	8,011,592
100-199	1,055,583	9,409,032	10,464,615
200-299	589,274	5,484,981	6,074,255
300-499	876,824	7,075,784	7,952,608
500&UP	414,602	3,393,586	3,808,188
OWNERSHIP			
PROPRIETARY	395,598	3,975,638	4,371,236
GOVERNMENT	473,360	4,112,326	4,585,686
NOT FOR PROFIT	2,789,711	24,564,625	27,354,336
PRINCIPAL EXPTD SOURCE OF PAYMENT			
WORKER'S COMPENSATION	1,252	173,956	175,208
MEDICARE	.	12,685,390	12,685,390
MEDICAID	1,220,872	4,694,818	5,915,690
OTHER GOVERNMENT PAY	37,704	454,269	491,973
BLUE CROSS/BLUE SHIELD	404,265	2,716,910	3,121,175
HMO/PPO	999,384	5,230,227	6,229,611
OTHER PRIV/COMM INS	639,949	4,154,806	4,794,755
SELF PAY	192,968	1,420,558	1,613,526
NO CHARGE	4,235	112,727	116,962
OTHER	83,906	573,046	656,952
SOURCE NOT STATED	74,134	435,882	510,016
DISCHARGE MONTH			
JANUARY	306,739	2,940,049	3,246,788
FEBRUARY	301,638	2,687,923	2,989,561
MARCH	324,711	3,012,946	3,337,657
APRIL	297,791	2,781,054	3,078,845
MAY	310,702	2,821,592	3,132,294
JUNE	319,988	2,731,057	3,051,045
JULY	303,671	2,646,611	2,950,282
AUGUST	321,900	2,744,225	3,066,125
SEPTEMBER	302,867	2,535,554	2,838,421
OCTOBER	317,583	2,616,234	2,933,817
NOVEMBER	266,949	2,572,659	2,839,608
DECEMBER	284,130	2,562,685	2,846,815
TYPE OF ADMISSION			
EMERGENCY	.	10,960,400	10,960,400
URGENT	.	6,851,145	6,851,145
ELECTIVE	.	6,006,542	6,006,542
NEWBORN	3,658,669	.	3,658,669
NOT STATED	.	8,834,502	8,834,502

	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
SOURCE OF ADMISSION			
PHYSICIAN REFERRAL	.	10,627,104	10,627,104
CLINICAL REFERRAL	.	575,516	575,516
HMO REFERRAL	.	130,995	130,995
TRANSFER FROM HOSPITAL	.	749,331	749,331
TRANSFER FROM SNF	.	254,186	254,186
TRANSFER FROM OTHER	.	286,971	286,971
EMERGENCY ROOM	.	11,276,499	11,276,499
COURT/LAW ENFORCEMENT	.	97,488	97,488
OTHER	3,658,669	640,796	4,299,465
NOT AVAILABLE	.	8,013,703	8,013,703
FIRST-LISTED DIAGNOSIS CHAPTER			
CHAPTER 01	.	841,906	841,906
CHAPTER 02	.	1,642,127	1,642,127
CHAPTER 03	.	1,562,597	1,562,597
CHAPTER 04	.	403,950	403,950
CHAPTER 05	.	2,358,381	2,358,381
CHAPTER 06	.	493,391	493,391
CHAPTER 07	.	6,226,001	6,226,001
CHAPTER 08	.	3,439,643	3,439,643
CHAPTER 09	.	3,299,963	3,299,963
CHAPTER 10	.	1,788,649	1,788,649
CHAPTER 11	.	510,260	510,260
CHAPTER 12	.	573,538	573,538
CHAPTER 13	.	1,603,514	1,603,514
CHAPTER 14	.	206,929	206,929
CHAPTER 15	.	172,024	172,024
CHAPTER 16	.	247,570	247,570
CHAPTER 17	.	2,612,727	2,612,727
V-CODES	3,658,669	4,669,419	8,328,088

WEIGHTED FREQUENCIES FOR ALL-LISTED DIAGNOSES BY ICD-9-CM CHAPTERS

	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
ALL DIAGNOSES	7,263,626	148,632,364	155,895,990
CHAPTER 01	23,609	3,734,108	3,757,717
CHAPTER 02	9,880	4,278,780	4,288,660
CHAPTER 03	16,932	15,717,747	15,734,679
CHAPTER 04	8,611	4,322,740	4,331,351
CHAPTER 05	2,635	10,310,664	10,313,299
CHAPTER 06	17,891	3,543,213	3,561,104
CHAPTER 07	16,960	30,649,597	30,666,557
CHAPTER 08	8,843	10,513,008	10,521,851
CHAPTER 09	29,522	9,803,741	9,833,263
CHAPTER 10	34,223	7,774,023	7,808,246
CHAPTER 11	.	8,982,491	8,982,491
CHAPTER 12	27,599	2,059,842	2,087,441
CHAPTER 13	8,530	5,756,807	5,765,337
CHAPTER 14	250,695	700,481	951,176
CHAPTER 15	2,202,301	488,232	2,690,533
CHAPTER 16	64,992	7,705,498	7,770,490
CHAPTER 17	6,194	6,008,225	6,014,419
ECODES	13,576	4,381,632	4,395,208
VCODES	4,520,633	11,901,535	16,422,168

UNWEIGHTED FREQUENCIES FOR ALL-LISTED DIAGNOSES BY ICD-9-CM CHAPTERS

	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
ALL DIAGNOSES	74,046	1,361,167	1,435,213
CHAPTER 01	415	33,299	33,714
CHAPTER 02	97	41,547	41,644
CHAPTER 03	190	143,540	143,730
CHAPTER 04	65	40,336	40,401
CHAPTER 05	6	91,566	91,572
CHAPTER 06	122	32,643	32,765
CHAPTER 07	155	278,939	279,094
CHAPTER 08	90	95,306	95,396
CHAPTER 09	253	86,016	86,269
CHAPTER 10	380	69,928	70,308
CHAPTER 11	.	88,980	88,980
CHAPTER 12	219	19,106	19,325
CHAPTER 13	94	50,470	50,564
CHAPTER 14	2,584	7,883	10,467
CHAPTER 15	22,277	5,219	27,496
CHAPTER 16	611	75,250	75,861
CHAPTER 17	69	53,263	53,332
ECODES	38	32,117	32,155
VCODES	46,381	115,759	162,140

WEIGHTED FREQUENCIES FOR ALL-LISTED PROCEDURES BY ICD-9-CM CHAPTERS

	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
ALL PROCEDURES	2,498,258	41,039,170	43,537,428
CHAPTER 01	31,668	1,100,623	1,132,291
CHAPTER 02	30	95,876	95,906
CHAPTER 03	754	84,850	85,604
CHAPTER 04	1,986	44,051	46,037
CHAPTER 05	3,318	289,544	292,862
CHAPTER 06	12,093	963,459	975,552
CHAPTER 07	119,431	6,188,131	6,307,562
CHAPTER 08	29	327,585	327,614
CHAPTER 09	8,883	5,335,171	5,344,054
CHAPTER 10	2,792	962,118	964,910
CHAPTER 11	1,178,791	264,277	1,443,068
CHAPTER 12	228	2,116,550	2,116,778
CHAPTER 13	.	6,411,811	6,411,811
CHAPTER 14	252	3,333,841	3,334,093
CHAPTER 15	7,546	1,336,235	1,343,781
CHAPTER 16	1,130,457	12,185,048	13,315,505

UNWEIGHTED FREQUENCIES FOR ALL-LISTED PROCEDURES BY ICD-9-CM CHAPTERS

	NEWBORN INFANTS	NON-NEWBORNS	TOTAL SAMPLE
ALL PROCEDURES	24,481	406,617	431,098
CHAPTER 01	272	12,023	12,295
CHAPTER 02	1	918	919
CHAPTER 03	7	723	730
CHAPTER 04	8	497	505
CHAPTER 05	24	2,787	2,811
CHAPTER 06	153	10,235	10,388
CHAPTER 07	1,238	62,231	63,469
CHAPTER 08	1	3,514	3,515
CHAPTER 09	87	49,827	49,914
CHAPTER 10	9	9,040	9,049
CHAPTER 11	12,170	2,443	14,613
CHAPTER 12	1	18,937	18,938
CHAPTER 13	.	66,542	66,542
CHAPTER 14	3	31,193	31,196
CHAPTER 15	78	12,319	12,397
CHAPTER 16	10,429	123,388	133,817

APPENDIX E

NHDS Medical Abstract Form

Form HDS-1

FORM **HDS-1**
(11-16-2000)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

MEDICAL ABSTRACT – NATIONAL HOSPITAL DISCHARGE SURVEY

A. PATIENT IDENTIFICATION

1. Hospital number

2. HDS number

3. Medical record number

4. Date of admission — Month – Day – Year

5. Date of discharge — Month – Day – Year

6. Residence ZIP Code

B. PATIENT CHARACTERISTICS

7. Date of birth — Month – Day – Year

8. Age – *Complete only if date of birth not given* — Units
   - 1 ☐ Years
   - 2 ☐ Months
   - 3 ☐ Days

9. Sex – *Mark (X) one*
   - 1 ☐ Male
   - 2 ☐ Female
   - 3 ☐ Not stated

10. Ethnicity – *Mark (X) one*
   - 1 ☐ Hispanic or Latino
   - 2 ☐ Not Hispanic or Latino
   - 3 ☐ Not stated

11. Race – *Mark all that apply*
   - 1 ☐ White
   - 2 ☐ Black or African American
   - 3 ☐ American Indian or Alaska Native
   - 4 ☐ Asian
   - 5 ☐ Native Hawaiian or Other Pacific Islander
   - 6 ☐ Other – *Specify*
   - 7 ☐ Not stated

12. Marital status – *Mark (X) one*
   - 1 ☐ Married
   - 2 ☐ Single
   - 3 ☐ Widowed
   - 4 ☐ Divorced
   - 5 ☐ Separated
   - 6 ☐ Not stated

C. ADMINISTRATIVE INFORMATION

13. Type of Admission – *Mark (X) one*
   - 1 ☐ Emergency
   - 2 ☐ Urgent
   - 3 ☐ Elective
   - 4 ☐ Newborn
   - 5 ☐ Items not available/ unknown

14. Source of Admission – *Mark (X) one*
   - 1 ☐ Physician referral
   - 2 ☐ Clinical referral
   - 3 ☐ HMO referral
   - 4 ☐ Transfer from a hospital
   - 5 ☐ Transfer from SNF
   - 6 ☐ Transfer from other health facility
   - 7 ☐ Emergency room
   - 8 ☐ Court/Law enforcement
   - 9 ☐ Other – *Specify*
   - 10 ☐ Item not available

15. Status/Disposition of patient – *Mark (X) appropriate box(es)*

   Status
   - 1 ☐ Alive ⟶
   - 2 ☐ Died
   - 3 ☐ Status not stated

   Disposition
   - a. ☐ Routine discharge/discharged home
   - b. ☐ Left against medical advice
   - c. ☐ Discharged, transferred to another short-term hospital
   - d. ☐ Discharged, transferred to long-term care institution
   - e. ☐ Other disposition/not stated

16. Expected source(s) of payment

	Principal — Mark one only	Other additional sources — Mark all that apply
1. Worker's compensation	☐	☐
2. Medicare	☐	☐
3. Medicaid	☐	☐
4. Other government payments	☐	☐
5. Blue Cross/Blue Shield	☐	☐
6. HMO/PPO	☐	☐
7. Other private or commercial insurance	☐	☐
8. Self pay	☐	☐
9. No charge	☐	☐
10. Other – *Specify*	☐	☐

☐ **No source of payment indicated**

(Over)

D. MEDICAL INFORMATION

17. Final Diagnoses (including E-code diagnoses) (Enter ICD-9-CM codes as well as narrative if available)

Principal: _____

Other/additional: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

18. Surgical and Diagnostic Procedures (Enter ICD-9-CM codes as well as narrative if available)	Date of procedure(s)		
	Month	Day	Year

Principal: _____

Other/additional: _____

☐ NONE

Completed by	Date

*U.S. Government Printing Office: 2000 — 650-311/20113

FORM HDS-1 (11-16-2000)